

TRAVEL EXPENSE CLAIM

CHP 262 (Rev. 3-93) OPI 071

☐ Relocation ☐ Out of State

DEPARTMENT

BTH Agency

PAGE(S)

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CLAIMANT'S NAME

Dale E. Bonner

I. D. NUMBER

SOCIAL SECURITY NUMBER

WORK TELEPHONE NUMBER

(916) 323-5401

POSITION

Secretary

CB / ID NUMBER

DIVISION OR BUREAU

LOCATION CODE

0520

RESIDENCE ADDRESS

HEADQUARTERS ADDRESS

980 9th Street, Suite 2450

CITY, STATE, AND ZIP CODE

CITY, STATE, AND ZIP CODE

Sacramento, CA 95814

1. MONTH / YEAR		3. LOCATIONS WHERE EXPENSES WERE INCURRED	4. LODGING	5. MEALS			6. INCIDENTALS	7. TRANSPORTATION					8. BUSINESS EXPENSE	9. TOTAL EXPENSES FOR DAY
2. DATE	TIME			BREAKFAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER		A. COST OF TRANS.	B. TYPE USED	C. TOLLS, PARKING	D. PRIVATE CAR USE			
											MILES	AMOUNT		
20	1845	Sacramento/ Los Angeles						38.00						38.00
25	0900	Los Angeles/ Sacramento						36.00						36.00
31	1000	Los Angeles/Carson/ Los Angeles						80.60						80.60
10. CLAIM TOTAL								154.60						154.60

11. PURPOSE OF TRIP, REMARKS AND DETAILS (ATTACH RECEIPTS / VOUCHERS WHEN REQUIRED)

8/31 - Meeting with the City of Carson and LNR Property Corp regarding the Boulevards at South Bay Project. Meeting with BNSF Railroad Executives regarding infrastructure improvements at Hobart Yard in Los Angeles.

12. NORMAL WORK HOURS

13. REGULAR DAYS OFF

14. PRIVATE VEHICLE LICENSE NUMBER

15. MILEAGE RATE CLAIMED

ACCOUNTING USE ONLY

PAID FOR BY REVOLVING CHECK NUMBER

16. I HEREBY CERTIFY that the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately-owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by S.A.M. Sections 0750, 0751, 0752, 0752, and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE (true ink only)

DATE

9.22.09

SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE

9/22/09

SIGNATURE AND TITLE OF AUTHORITY FOR SPECIAL EXPENSES

ADMINISTRATIVE SERVICES OFFICER